

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2016

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE WOMEN'S CENTER, INC.		D Employer identification number 39-1269698
	Doing business as		E Telephone number (262) 547-4600
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 2,310,532.
	505 N. EAST AVENUE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code WAUKESHA, WI 53186		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: ANGELA MANCUSO SAME AS C ABOVE			If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			H(c) Group exemption number ▶
J Website: ▶ WWW.TWCWAUKESHA.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1977	M State of legal domicile: WI

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROVIDE SAFETY AND SUPPORT TO WOMEN AND THEIR FAMILIES AND TO FACILITATE THEIR DEVELOPMENT.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	17
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	58
	6 Total number of volunteers (estimate if necessary)	6	326
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 1,811,265.	Current Year 1,981,976.
	9 Program service revenue (Part VIII, line 2g)	45,926.	61,904.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	62,330.	34,748.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	158,813.	-5,363.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,078,334.	2,073,265.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	15,551.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,628,047.	1,581,366.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 301,881.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	533,894.	500,389.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,161,941.	2,097,306.
19 Revenue less expenses. Subtract line 18 from line 12	-83,607.	-24,041.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 3,910,831.	End of Year 3,918,363.
	21 Total liabilities (Part X, line 26)	154,612.	160,399.
	22 Net assets or fund balances. Subtract line 21 from line 20	3,756,219.	3,757,964.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer 	Date May 22, 2017			
	ANGELA MANCUSO, EXECUTIVE DIRECTOR Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name JILL M. BOYLE, CPA	Preparer's signature JILL M. BOYLE, CPA	Date 05/18/17	Check if self-employed <input type="checkbox"/>	PTIN P01246734
	Firm's name ▶ SIKICH LLP	Firm's EIN ▶ 36-3168081		Phone no. (262) 754-9400	
Firm's address ▶ 13400 BISHOPS LANE, SUITE 300 BROOKFIELD, WI 53005					

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No